

AGENCY SUBMITTING REQUEST <i>(Name, Department, and address):</i>  TELEPHONE NO: _____ FAX NO <i>(Optional):</i> _____ E-MAIL ADDRESS <i>(Optional):</i> _____ ATTORNEY FOR <i>(name):</i> _____	<i>For Court Use Only</i>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO</b> STREET ADDRESS: 860 EAST GILBERT STREET MAILING ADDRESS: 860 EAST GILBERT STREET CITY AND ZIP CODE: SAN BERNARDINO, CA 92415-0955 BRANCH NAME: JUVENILE DEPENDENCY COURT	
CASE NAME:	
<b>REQUEST TO VACATE PACKET</b> JUVENILE DEPENDENCY PROCEEDING Welfare & Institutions Code § 300	CASE NUMBER: _____
	RELATED CASE <i>(if any):</i> _____

*(Name of social worker)* \_\_\_\_\_ is requesting to vacate the packet dated *(date of packet)* \_\_\_\_\_  
 \_\_\_\_\_ filed with the court on *(date filed)* \_\_\_\_\_ for the following reason: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I served a copy of the REQUEST TO VACATE PACKET on *(date)* \_\_\_\_\_ on the following persons or entities ***(indicate name of person served and method of service):***

County Counsel: \_\_\_\_\_  Attorney - other: \_\_\_\_\_  
 Children's Advocacy Group: \_\_\_\_\_  Attorney - other: \_\_\_\_\_  
 Friedman, Cazares & Gilleece: \_\_\_\_\_  Attorney - other: \_\_\_\_\_  
 Alvarenga & Clark: \_\_\_\_\_  Other: \_\_\_\_\_  
 Friedland & Associates: \_\_\_\_\_  Other: \_\_\_\_\_

At the time of service I was at least 18 years of age and not a party to this cause. I am a resident of or employed in the county where the service occurred. My residence or business address is *(specify):* \_\_\_\_\_

I declare under the penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
 (TYPE OR PRINT NAME) \_\_\_\_\_  
 (SIGNATURE)